

County: La Crosse
ST. JOSEPH'S REHABILITATION CENTER
2902 EAST AVENUE SOUTH

Facility ID: 8420

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LA CROSSE 54601 Phone: (608) 788-9870
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/01): 80
Total Licensed Bed Capacity (12/31/01): 80
Number of Residents on 12/31/01: 77

Ownership:
Highest Level License: Non-Profit Corporation
Operate in Conjunction with CBRF? Skilled
Title 18 (Medicare) Certified? No
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 74

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		44.2
Supp. Home Care-Personal Care	No					1 - 4 Years		32.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.6	More Than 4 Years		23.4
Day Services	No	Mental Illness (Org./Psy)	32.5	65 - 74	5.2			-----
Respite Care	No	Mental Illness (Other)	7.8	75 - 84	27.3			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	3.9	85 - 94	55.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	9.1	Full-Time Equivalent		
Congregate Meals	No	Cancer	5.2		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	10.4		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	11.7	65 & Over	97.4	-----		
Transportation	No	Cerebrovascular	14.3		-----	RNs		11.1
Referral Service	No	Diabetes	1.3	Sex	%	LPNs		11.3
Other Services	No	Respiratory	2.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	9.1	Male	28.6	Aides, & Orderlies		
Mentally Ill	No		-----	Female	71.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)				
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	5	100.0	322	37	90.2	111	0	0.0	0	28	96.6	145	2	100.0	99	0	0.0	72	93.5
Intermediate	---	---	---	4	9.8	93	0	0.0	0	1	3.4	139	0	0.0	0	0	0.0	5	6.5
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	5	100.0		41	100.0		0	0.0		29	100.0		2	100.0		0	0.0	77	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	5.2	Daily Living (ADL)	Independent			
Private Home/With Home Health	0.9	Bathing	1.3	71.4	27.3	77
Other Nursing Homes	3.5	Dressing	31.2	49.4	19.5	77
Acute Care Hospitals	84.3	Transferring	32.5	41.6	26.0	77
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	35.1	50.6	14.3	77
Rehabilitation Hospitals	0.0	Eating	83.1	10.4	6.5	77
Other Locations	6.1	*****				
Total Number of Admissions	115	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	6.5	Receiving Respiratory Care		3.9
Private Home/No Home Health	3.7	Occ/Freq. Incontinent of Bladder	49.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	27.1	Occ/Freq. Incontinent of Bowel	19.5	Receiving Suctioning		0.0
Other Nursing Homes	3.7			Receiving Ostomy Care		0.0
Acute Care Hospitals	15.0	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	7.8	Receiving Mechanically Altered Diets		20.8
Rehabilitation Hospitals	0.0					
Other Locations	21.5	Skin Care		Other Resident Characteristics		
Deaths	29.0	With Pressure Sores	1.3	Have Advance Directives		97.4
Total Number of Discharges		With Rashes	6.5	Medications		
(Including Deaths)	107			Receiving Psychoactive Drugs		61.0

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit Peer Group Ratio %	Bed Size: 50-99 Peer Group Ratio %	Licensure: Skilled Peer Group Ratio %	All Facilities %
Occupancy Rate: Average Daily Census/Licensed Beds	92.5	89.4 1.03	85.1 1.09	84.3 1.10	84.6 1.09
Current Residents from In-County	87.0	82.7 1.05	80.0 1.09	82.7 1.05	77.0 1.13
Admissions from In-County, Still Residing	26.1	25.4 1.03	20.9 1.25	21.6 1.21	20.8 1.25
Admissions/Average Daily Census	155.4	117.0 1.33	144.6 1.07	137.9 1.13	128.9 1.21
Discharges/Average Daily Census	144.6	116.8 1.24	144.8 1.00	139.0 1.04	130.0 1.11
Discharges To Private Residence/Average Daily Census	44.6	42.1 1.06	60.4 0.74	55.2 0.81	52.8 0.85
Residents Receiving Skilled Care	93.5	93.4 1.00	90.5 1.03	91.8 1.02	85.3 1.10
Residents Aged 65 and Older	97.4	96.2 1.01	94.7 1.03	92.5 1.05	87.5 1.11
Title 19 (Medicaid) Funded Residents	53.2	57.0 0.93	58.0 0.92	64.3 0.83	68.7 0.78
Private Pay Funded Residents	37.7	35.6 1.06	32.0 1.18	25.6 1.47	22.0 1.71
Developmentally Disabled Residents	0.0	0.6 0.00	0.9 0.00	1.2 0.00	7.6 0.00
Mentally Ill Residents	40.3	37.4 1.08	33.8 1.19	37.4 1.08	33.8 1.19
General Medical Service Residents	9.1	21.4 0.42	18.3 0.50	21.2 0.43	19.4 0.47
Impaired ADL (Mean)	41.3	51.7 0.80	48.1 0.86	49.6 0.83	49.3 0.84
Psychological Problems	61.0	52.8 1.16	51.0 1.20	54.1 1.13	51.9 1.18
Nursing Care Required (Mean)	4.1	6.4 0.63	6.0 0.67	6.5 0.62	7.3 0.55